

## **Sample Comprehensive Victim Services Client Survey**

*Introduction:* Please help us improve our services by sharing your experience with us.

***Directions:*** Please indicate whether you agree or disagree with the following statements:

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	<i>Strongly Agree</i>	<i>Agree</i>	<i>Disagree</i>	<i>Strongly Disagree</i>	<i>Neutral</i>
1. I now know how being a victim of violence may affect important aspects of my life.	(5)	(4)	(3)	(2)	(1)
2. My crime-related symptoms (e.g., sleeplessness, nervousness, fear or anxiety, etc.) are less frequent or less severe since I became involved with this agency.	(5)	(4)	(3)	(2)	(1)
3. I am using skills that I learned at this agency to cope with my situation.	(5)	(4)	(3)	(2)	(1)
4. I have been able to identify a support system to help me address my concerns.	(5)	(4)	(3)	(2)	(1)
5. I now have a better understanding of how the criminal justice system works.	(5)	(4)	(3)	(2)	(1)
6. This agency helped me learn how to access benefits or community resources.	(5)	(4)	(3)	(2)	(1)
7. I am satisfied with the services I have received through this program.	(5)	(4)	(3)	(2)	(1)

***Thank you for your assistance in completing our survey!***